

LANDLORD/HOME OWNER GAS SAFETY RECORD

This inspection is for gas safety purposes only in accordance with the current edition of the Gas Safety (Installation and Use) Regulations. Flues were inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has not been carried out.

GAS INSTALLER: (Trading Title)		<i>Heatwave Ltd</i>	
Name:	<i>J D Lindsay</i>	Gas Safe Register No:	<i>562656</i>
Address:	<i>27 Asher way</i>	Gas Installer Ref. No :	<i>A4A</i>
	<i>Horsham</i>	Date of Issue:	<i>23/8/24</i>
Post code:	<i>W15 434</i>	Time of Issue:	<i>8:20</i>
Tel:	<i>07449 587664</i>	Engineers Name: (print)	<i>JOC</i>

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:	
Property Address:	<i>2 Oakleaf Court</i>
	<i>Oakleaf Drive, Polegate</i>
Post Code	<i>BN26 6PU</i>
Tel:	
Tenant/Home Owner* present during inspection	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name:	
Address:	
Post Code	
Tel:	
Landlord/Agent* present during inspection	YES/NO

APPLIANCE DETAILS				INSPECTION DETAILS				FLUE TEST				RESULTS						
LOCATION	MAKE	MODEL	TYPE	Flue Type e.g. CF or RS	Operating Pressure Mbar	Heat Input Kw	Safety Device Correct Operation Yes/No	Ventilation Adequate Yes/No	CO Alarm fitted Yes/No	CO Alarm tested Pass/Fail	Flue Flow Test Pass/Fail	Spillage Test Pass/Fail	Termination Satisfactory Yes/No	Visual Condition Pass/Fail	Combustion Performance Reading CO: CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1 <i>harden</i>	<i>viessmann</i>	<i>vitodens</i>	<i>Comb.</i>	<i>PS</i>	<i>18.58</i>	<i>26.21</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>Pass</i>	<i>N/A</i>	<i>N/A</i>	<i>YES</i>	<i>Pass</i>	<i>8.93/10.0007</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>
2																		
3																		
4																		
5																		

Outcome of gas installation pipework visual inspection?	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Outcome of gas supply pipework visual inspection?	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Is the Emergency Control Valve access satisfactory?	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Outcome of gas tightness test?	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Is the Protective Equipotential bonding satisfactory?	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
This Safety Record is issued by Gas Installer: (SIGNED)	
<i>[Signature]</i>	
Received on behalf of Landlord / Home Owner: (SIGNED)	
Tenant/Landlord/Agent/Home Owner*	
Number of appliances tested: <i>ONE</i>	
Date: <i>23/8/24</i>	
ATTENTION Next safety check due by: <i>23/8/25</i>	

To re-order quote code 663010-NUM

Copies: White - Landlord/Agent/Home Owner

Green - Registered Gas Installer

Pink - Tenant

* delete as applicable

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